### **New Mexico Department of Veterans Services**

## 2013 Veterans and Military Affairs Interim Committee

#### **Initial Overview**

6 June, 2013

The New Mexico Department of Veterans Services was established by statute in 2003, and continues to build upon a legacy of service to the men, women, and families who have sacrificed for this nation. The official motto of the department "Serving Those Who Served" now has a corollary. "We are not just the beneficiaries of their bravery...we are the stewards of their sacrifice..." comes from a memorial delivered after the crash of an MC-130H aircraft almost 10 years ago, which resulted in the death of all crewmembers. All of them had trained with the 58<sup>th</sup> Special Operations Wing at Kirtland AFB before deploying. The legacy of service to these heroes is upheld and honored every day by the Public Servants employed by the NM Department of Veterans Services. These 30+ employees are all either veterans, or family members of veterans. Each of them take Public Service to a new level in seeking to meet the needs of the veteran population of New Mexico. It is more than a job...it is a *Passion*.

This paper will highlight the changes in demographics since last year; discuss the continued emphasis of the priorities for FY 14 as determined by the DVS senior leaders and the Governor's staff; provide a refresher on the veteran support framework involving Federal, state, municipal, and Volunteer Service Organizations across the state; and finally, provide broad planning recommendations as a true Strategic Veterans Plan is developed. All of these aspects are vital to support current and future needs of the veterans and their families.

### **VETERAN DEMOGRAPHICS**

The overall veteran population within the state has decreased by approximately 2%. The following statistics are the latest from the US Department of Veterans Affairs. The number of veterans by locale is important in all discussions throughout the session, as the VA demographics drive the amount of VA support in New Mexico (and any region). However, it is significant to note that even with a 2% overall census decrease, NM boasts a very high veteran percentage-of-population.

Veteran Population in New Mexico: 172,595 (Source: Latest VA Data)

Total Population of New Mexico: 2,082,224 (Source: U.S. Census)

Percentage of Population who are Veterans: 12%

## Top five counties:

Bernalillo 54,717

Doña Ana 14,783

Sandoval 12,501

Santa Fe 11,064

San Juan 9,048

Total for these 5 Counties: 102,1133

(60% of NM veterans live in these five counties)

## **ABQ Metro Area Vet Population:**

Bernalillo 54,717

Sandoval 12,501

Santa Fe 11,064

Valencia 6,945

**Total for the Four-County ABQ Metro Area: 85,227** 

(50% of New Mexico's veterans live in the four-county Valencia-Bernalillo-Sandoval-Santa Fe county corridor...86,158 veterans total)

## **Statewide Veteran Service Breakdown:**

Peacetime Veterans 43,500

Wartime Veterans 131,200

-World War II 5,300

-Korea 18,500

-Vietnam 56,900

-Gulf War/Iraq/Afghanistan 50,500

Women Veterans (Statewide) 21,324 Veterans

A full county-by-county breakdown/map is included in the DVS info packs.

## **Strategic Partnerships:** Key to NMDVS Success

NMDVS is not a "stand-alone" agency when dealing with veteran issues. As a cabinet-level agency, the department is broadly mandated to provide "access to benefits". This is accomplished through the direct work of the Field Services Division. This Division is "the face" of DVS, with 17 independent offices located in all four corners of the state. Among the DVS Service Officers are 3 Native Americans, 3 women, and 2 African American veterans. The Farmington Service Officer, Charlotte Atso, is also a National-level representative to the Veterans Administrations' Women Veterans Task Force. These officers are nationally certified to work with veterans and families at many different levels to access benefits.

The key provider of Veteran Benefits state-wide is the United States Department of Veterans Affairs. The Federal VA serves New Mexico through 3 main agencies: The Veterans Health Administration; the National Cemetery Administration; and the Veterans Benefits Administration. NMDVS works with the VA to identify needs statewide, as well as provide benefits and care in areas where the VA has no capabilities, or for state-specific veteran issues.

## Key NMDVS Strategic Partners

- US Veterans Administration
  - Veterans Health Administration (VISN 18)
  - National Cemetery Administration
  - Veterans Benefits Administration
- US Small Business Administration (SBA)
  - Small Business Development Centers (SBDC's)
  - Procurement Technical Assistance Program
- Veterans Administration
- Chambers of Commerce
- NM Dept of Economic Development
- NM Dept of Workforce Solutions
- NM Dept of Indian Affairs
- Non-Profit Organizations
- For-Profit Organizations
- Institutions of Higher Learning

<u>TOP CONSTITUENT ISSUES</u>: Access to benefits (length of either disability rating award, or adjudication of requests for reward reviews); and quality/access to healthcare due to issues relating to the rural nature of the State of NM.

NMDVS works closely with the VA, Congressional delegations, and constituent groups to set up community/chapter house listening sessions, Town Hall Meetings, and Health Care/Benefits education events throughout the state.

NMDVS goal is to NOT duplicate efforts of the VA in providing benefits. NMDVS is a key part of the strategic communications plan, seeking to help veterans "link in" to the many available resources, some of which are highlighted here:

### **VA Resources**

- MyHealthevet
- VA Polytrauma System of Care
- National PTSD Center
- Women Veterans Health Care
- Homeless Veterans
- VHA Veterans on Twitter

### PRIORITY NMDVS AREAS OF CONCERN:

## PTSD and TBI:

A key area of constituent concern and NMDVS priority is the incidence and availability of treatment for PTSD and TBI. Numerous groups have asked for more research. This is a NMDVS priority this year, in conjunction with the strategic planning efforts. Based upon the statistics shown below, the long-term effects of both PTSD and TBI need to be researched, and strategic, long-term plans developed in conjunction and coordination with the VA, state health and human services agencies, community groups, and volunteer service organizations.

RECOMMENDATION: This be placed as the number one issue to research this year, and begin planning coordinated funding/care strategies.

<u>State and Tribal Veterans Cemetery Plans</u>: As noted previously, the veteran population is aging rapidly. Many statistics now show the Viet Nam veterans dying at a faster rate than WWII and Korea Veterans. As a result, the number of veteran burials will likely increase each year.

RECOMMENDATION: Study/develop a comprehensive state cemetery plan. The slide presentation below shows a DRAFT/initial proposal for a State-wide veteran's cemetery plan. If funded by the VA following initial state-approval, this proposal could provide a Honorable Burial location within 75 miles of the vast majority of veterans and their families across the state.

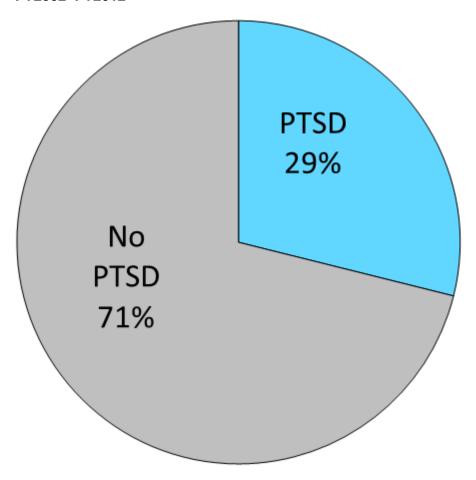
<u>Homeless</u>: Official VA statistics range from hundreds of homeless vets within NM, to thousands. NMDVS helps fund a number of veteran homeless-transition programs. However, without accurate accounting, it is difficult to develop strategic partnerships to attack this issue.

RECOMMENDATION: The interim committee ask/task the VA via the US Congressional delegations to provide a comprehensive Homelessness update during the Interim Committee process. This will allow numerous state agencies to assist in quickly solving this tragic situation across ALL areas of the state.

SUMMARY: The New Mexico Department of Veterans Services is a small agency, impacting fully 10% of the population. In coordination with numerous other state and federal agencies, we will continue to reach out to the veteran community to improve access to care and benefits, and work to reach previously underserved veteran populations. In particular, those involved in the criminal justice system; the underserved dealing with PTSD and the effects of TBI; and families working to overcome the issues of joblessness and homelessness will continue to be the NMDVS priority.

### **ATTACHMENTS:**

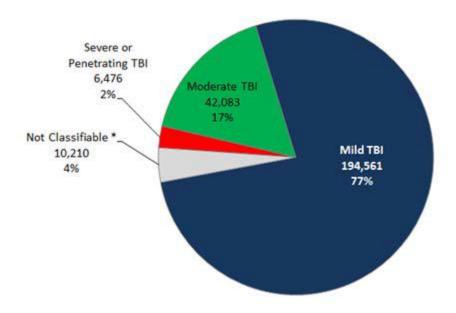
Figure 1. Prevalence of PTSD Among OEF/OIF Veterans Using VA Health Care, FY2002–FY2012



**Source:** U.S. Department of Veterans Affairs, *Analysis* of VA Health Care Utilization among Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) Veterans: Cumulative from 1<sub>st</sub> Quarter FY2002 through 4<sub>th</sub> Quarter FY2012. January 2013

<sup>2</sup> Defense and Veterans Brain Injury Center at http://www.dvbic.org/dod-worldwide-numbers-tbi. The DOD categorizes TBI cases as mild, moderate, severe, or penetrating. Mild TBI is characterized by a confused or disoriented state lasting less than 24 hours; loss of consciousness for up to thirty minutes; memory loss lasting less than 24 hours; and structural brain imaging that yields normal results. Moderate TBI is characterized by a confused or disoriented state that lasts more than 24 hours; loss of consciousness for more than 30 minutes, but less than 24 hours; memory loss lasting greater than 24 hours but less than seven days; and structural brain imaging yielding normal or abnormal results. Severe TBI is characterized by a confused or disoriented state that lasts more than 24 hours; loss of consciousness for more than 24 hours; memory loss for more than seven days; and structural brain imaging yielding normal or abnormal results. A penetrating TBI, or open head injury, is a head injury in which the dura mater, the outer layer of the system of membranes that envelops the central nervous system, is penetrated. Penetrating injuries can be caused by highvelocity projectiles or objects of lower velocity, such as knives, or bone fragments from a skull fracture that are driven into the brain.

Figure 2. Traumatic Brain Injury (TBI) 2000-2012 Q2 (as of August 20, 2012)



**Source:** Chart provided by Dr. Michael Carino, Army Office of the Surgeon General, December 13, 2012. Data source is the Armed Forces Health Surveillance Center (AFHSC), Defense and Veterans Brain Injury Center, http://www.dvbic.org/dod-worldwide-numbers-tbi.

Notes: \* Requires additional incident information and further investigation prior to TBI categorization

# FIGURE 3: DRAFT/Proposed Rural Cemetery Plan



